

WIRELESS JUSTIFICATION

Attachment A

CONTRACTOR: SAIC CRL DMS WISCO (Circle One)

REQUEST FOR: PHONE _____ PAGER _____

Requestor/User: _____ Center # _____

Building #: _____ Telephone #: _____ Dept.: _____

Do you have an NCI-Frederick Cellular Phone, Pager, and/or Personal Digital Assistant (PDA)? No _____ Yes _____

If yes, indicate Property Decal #: Phone _____ Pager _____ PDA _____

If yes, Cell Phone Provider: _____ Pager Provider: _____ Comm. PDA Provider: _____

Credit Card Holder: _____ Card #: (Last 4 digits) _____, Exp.: ____ / ____
(For payment purposes only)

Please specify estimated number of minutes you require for your cellular service: _____/month

A standard phone is offered with all plans (a different phone must have further justification and approval through the appropriate director

JUSTIFICATION FOR USE OF WIRELESS EQUIPMENT/SERVICE: _____

Will equipment be needed after core hours? Yes _____ No _____, If yes, please explain _____

*A justification and approval is required for all cellular/wireless communication requests. Employee is required to obtain this service for business purposes only. **Any expense incurred for personal calls MUST be reimbursed to the contract. This includes personal calls that fall within the total pre-paid amount of the plan obtained.** Convenience is **NOT** a pre-requisite for requesting a wireless service. (Accounts will be audited on a monthly basis)*

Signature below indicates that I understand, accept and comply with the Cellular/Wireless Program Procedures

Requestor's Signature: _____ Date: _____

APPROVAL(S):

Supervisor: _____
(Please Print Name) (Signature)

Supervisor's Title: _____ Date: _____

Director: _____
(Please Print Name) (Signature) (Date)

When signatures are obtained please forward to SAIC-Frederick, Inc., Internal Auditing Department, 92 T. J. Drive, Ste. 250. All cell phones/pagers will be purchased by and delivered to Cellular/Wireless Team, Bldg. 1050. You will be notified as to when you may pick up and sign for your phone/pager.